Possible Answers ME exercise

1) How do the speakers characterize ME? How are claims that it is a physical (physiological, biological, organic etc.) problem, rather than a psychological (psychiatric etc.) one warranted?

> (Oscar)
> Int: Often people develop ideas about the cause of their illness. Did you develop any ideas about the cause?
> O1: [ ] one of the key problems I seem to have is with the autonomic nervous system which is that the involuntary ones reflexes and responses and stress responses in particular so I kind of had an intolerance and stresses and things like that um so that's the first thing the predisposition but what triggered it um and what pushed me over the edge I really don't know, there was some emotional stuff going on at high school at that exact same time
> O2: [ ] because my sort of brain patterns were sort of still becoming established because that the age where things are getting set. Because I was having a rough ride at that particular time and it was sustained my physiological responses became set in the wrong way
> O3: [ ] it's possible I suppose that those responses were so strong because I learned the wrong responses at the wrong age it's just impossible to undo it certainly uh you know some of the tests I had done privately are more specialised and you know have shown up the fact that um in terms of my heart rate patterns the um brain and body chemistry, I seem to be kind of stuck in the kind of stress response the two nervous systems coming out of the heart, there's the sympathetic and the parasympathetic I don't know if you know about this stuff, and apparently this guys tests were able to show that I'm stuck in a a sympathetic fight-or-flight thing response at all times which is really kind of wearing me out all the time

The speaker constructs a complex scientific model to explain his symptoms. A nature-and-nurture discourse (?) seems to be present. While physiologically 'predisposed' to ME (nature), he also refers to social and environmental factors ('high school': nurture). Physiological responses ('brain patterns') are presented as being learned, their foundations laid during the formative childhood years.
In suggesting that responses learned during childhood are 'impossible to undo', a discourse of childhood as a formative development stage is employed, a version which is dominant in both (Freudian) common sense and psychology.
There are a number of other (quasi) scientific phrases present that might be worth commenting in further: 'what triggered it um and what pushed me over the edge', 'fight-or-flight thing response', 'body chemistry'.
Overall, this discourse (physical-environmental, with causes in the past which are thereby fixed) puts the speaker in a subject-position of having little personal control over or responsibility for his illness.

The reference to the tests by the ‘private guy’ serve to buttress the account, by saying ‘it's not just me who's saying this’: this is neutral evidence.

> (Oscar)
> Int: How do you view the distinction between the physical and psychological in ME?
> O4: [ ] I don't doubt that the two aren't linked very closely but um my attitude now is that my problems are that my problems are neurological as opposed to psychological. That is to say that there are mechanisms in the brain probably, as it comes down to the brain and the HPA axis hypothalmic-pituitary-adrenal side that's kind of malfunctioning, an element of that may just be psychological, but undoubtedly overwhelmingly, whatever is going wrong of its own accord if you like...

The speaker separates out the psychological from the ‘neurological’.
The speaker also draws on a biological-functional/mechanical discourse (‘mechanisms in the brain … malfunctioning’) and technical language. This and the reference to ‘going wrong of its own accord’ suggests it is out of his control. The body is an object. Again this serves to construct him, as a subject, as not responsible for his problems. (Is the 'psychological' itself being taken or used as a synonym for personal responsibility? Why?)

> (William)
> Int: Do you have any ideas about the cause of your illness?
> W1: I suppose I assumed perhaps it was a virus. There had been reports of outbreaks in the USA where entire wards, several people in a hospital, how can you get an outbreak of it? Something contagious perhaps. I've read about links with polio and the immune system um and all sorts of things, of course I developed some of my symptoms which were very physical - hypertension and blood pooled in my feet and my muscles ached and my heart would skip beats. It would palpitate when I would sit up, so I usually had to lie down. It felt like a physical illness, I was just guessing, grabbing at straws, I didn't really have a set belief.

The use of the example of the ‘outbreak’ in the USA is used to support the argument for the contagious and hence physical nature of the condition, indicating a viral cause. Note the phrasing: ‘there have been reports’ (objective; rather than ‘apparently’, or ‘someone told me’; also it’s a plural); ‘entire wards’ – picture of numbers.
The illness is also established as organic as opposed to functional by the speaker when he rhetorically questions ‘how can you get an outbreak of it’ [if it was purely a psychological thing]? The phrase appeals to common-sense knowledge about illnesses.
The list of several physical symptoms also serves to tell against psychological causes (for with so many ‘symptoms’, how can it be anything than physical?), and serves to build up a picture of a physical disease.
The phrasing at the end (‘I was just guessing, grabbing at straws, I didn't really have a set belief’) serves to suggest an open mind, which could operate as a defence against accusations that the speaker is dogmatic,

ideological, has an axe to grind. Such phrases can be seen as evidence that the speaker is involved in a (wider) argument.

> (Stephen)
> S2: [ ] but I can assure you it exists, there's no way I'm making this up, I don't think anybody who feels the way I do would make this up because it is too serious uh, to be uh a game or a joke because it effects your whole life, I would say it is 90% physically and 10% mental , obviously it effects you greatly mentally if you're sitting there unable to move or struggling to move this is going to effect your, the way you see life, and I get

Warranting: Note the use of strategies employed here to counter possible disbelief or suggestions of malingering (again suggesting that the discourse is part of wider arguments):
(a) 'I can assure you' reads as a response to a doubter.
(b) The use of percentages. Quantification is a powerful rhetoric in our culture; it is associated with scientific measurement and certainty.

> (Stephen)
> S5: [ ] it's devastating to feel so ill and yet people are saying to you ur there's nothing wrong with you nothing treatably wrong with you but nothing they can find. There's no test for ME I can't go to the doctor and he'll say look we'll do a blood test , we'll do this, we'll do this, if it shows so and so you've got it, right. You can't do it, there isn't any, I can can so you all the tests they can do, which in certain people show all abnormalities, but that is not a positive test for ME, how can you test exhaustion, how can you test weakness, how can you test someone's brain whose not working how they used to?

The comparisons (with exhaustion and weakness etc. in the form of a three part list) are used to highlight the problems with scientific instruments and measurement techniques. Exhaustion and weakness are chosen because they are 'real' issues/experiences: 'everyone' can agree, as part of common sense, that they are physical phenomena. If even these are not susceptible to conventional measurement, then measurement itself is the problem, not ME.

(2) How do the speakers characterize the practice of science? Is science part of the problem or part of the solution? (Show the variety in the characterizations of science and medicine.)

> (Oscar)
> O5: I sometimes think there's not a lot of point in the um the campaign groups doing too much work on public attitudes until research has got to the stage where there is a diagnostic test I sometimes think that they should put all of their money into the research. So um yeah just that's why I sometimes think there's little point in trying to counteract prejudice because you're only going to get so far without a scientific basis for it because you just can't argue it

The speaker suggests that scientific research can counter prejudice; the findings of such research are presented as beyond argument, as unanswerable. Science is therefore presented as outside a social or rhetorical realm, as following a linear progression, as the simple discovery of truth.

> (Natalie)
> N1: Some of the research on ME has been rather faulty. It's not hard to publicize quite erroneous views in the medical journals but it does take reassurance from the fact that I do think that ultimately the right thing will stand up and if they look at it long enough they will eventually come to the correct conclusion
> N2: [ ] it's interesting from a sort of psychological point of view you can see how much prestige and ego gets into science even though people will loudly maintain that people are detached and how difficult it is for to develop fair assessments of an illness like this... scientifically people aren't taking enough time to understand the realities of the illness before they start devising experiments coming up with conclusions because if they actually spoke to people long enough they would actually understand, but they want to do everything in ten minutes and get their paper out double quick
> N3: [ ] There's a lot of empire-building, I think psychiatrists would like to claim ME is a psychiatric illness because there's funding that goes along with it.

In the first section, problems with research and the scientific establishment (journals publishing ‘faulty research’, ‘faulty’ suggesting problematic in science’s own terms) are contrasted with a (idealized) view of science as the neutral and objective accumulation of facts, which its is suggested will ultimately prevail. Thus the reference ‘looking long enough’ to eventually come to ‘the correct conclusion’ seems to reproduce the 'the truth will out' device (described in Gilbert & Mulkay, 1984); in this account, the scientist is passive and ‘at the mercy of the facts’; science is revelatory and follows a linear path of progress. The two tendencies are pitted against each other: science as a struggle between distortion and the natural and inevitable progressive discovery of truth.
In the second section, science/medical knowledge is constructed as not simply the neutral pursuit of truth but is shaped by ‘psychological’ factors - a matter of ‘ego’. The personal ambitions of scientists stand in the way of true understanding. Likewise the reference to haste and impatience.
Likewise in the third section: By suggesting that there is an ulterior motive - research and funding - for psychiatrists' definitions of ME, the speaker's argument serves to counter potential claims that ME is a psychiatric condition. Scientists say it is psychiatric, but ‘well they would say that, wouldn’t they?!’ (cf. Christine Keeler).

> (Natalie)
> N4: The scientific attitude to medicine doesn't help the doctors relate to their patients as people um, and I think this is particularly bad with psychiatrists... Because our experience of our bodies is not scientific and it does mean that the experience of our bodies is emotional, so

> we have a lot of problems with psychiatrists who are not hearing what their patients are actually telling them

The speaker constructs science and the human discourse of emotion as mutually incomprehensible and incompatible. Science – and, significantly, in particular psychiatry - is anti-human: it distorts and reduces the human. Irrespective of their intentions, then, in this account by virtue of their use of science the medics will not be able to comprehend the nature of the problem. (Is this an effective strategy?)

> (Stephen)
> Int: How do you see the physical/ psychological distinction in ME?
> S3: Of course a lot of doctors believe it's all in your mind, I can assure you that's a load of rubbish. Obviously the mind is a very powerful tool. I've laid on that sofa and said to myself I can't get up, you can't physically move, you say to yourself you say to yourself you will get up somehow……the brain is a very powerful instrument, chronic chronic fatigue is however a physical thing, you can debate about what it's caused by, but it's definitely physical, I feel physically weak, I feel physically tired, I feel physically exhausted; these are physical things, just because you can't see them, it's not like a broken bone or broken head or broken leg, you can't see tiredness, other than the person dragging themselves around, you can't test it cos to test tiredness you need to know what they were like before they became tired and you know to try and judge one against the other, how can you actually test muscles that although they work are tired tiredness is is um a concept and therefore it is is almost unmeasurable,

The acknowledgement of the ‘power of the mind’ (as a thing, however: ‘tool’) seems to be a kind of disclaimer or example of stake inoculation: if the ‘power of the mind’ is denied altogether the speaker might appear extreme or unreasonable.
The tiredness comparison serves to deal with possible arguments about the lack of susceptibility of ME to empirical measurement (as above). Again the problem is science’s measurement, not ME.

> (Stephen)
> Int: What would you say to someone who said ME was a psychiatric condition?
> S4: Well people have said that, and I know that's what they think, unfortunately anything that can't be found to have a physical basis therefore must be to do with the mind, that's exactly the problem I I come up with because I knew there was something wrong but I didn't know what it is, when you feel so tired and exhausted and weak and ill and nobody knows what it is, it's going to affect your mind, how can it not?

The speaker refers to a scientific default, and characterizes the tendency to ascribe problems to the psychological not as discovery but as a result of a lack of knowledge. The psychological element is not denied, however, but is turned around and presented as an inevitable consequence of one’s subjectively important problem not being understood.

(3) How are the speakers' relations with their doctor (GP) and medics in general characterized? How might such characterizations serve to position the speaker? (Show the variety of characterizations.)

> (Stephen)
> Int: Were there any experiences or symptoms which first made you think or realise that you had ME?
> S1: [ ] they couldn't find out what was wrong with me, I then went to various other private hospitals I've seen private physicians, I've had brain scans, er, all of which cost me a great deal of money, uh and none of them have come up with any answer as to what is actually wrong with me, I know you've probably got some questions about my own doctor later but even he um I don't think knows what's wrong with me, so you have to start trying to help yourself

These comments position the medical profession as incapable and therefore the self as taking responsibility. This seems quite different from the usual 'patient role' (as passive).
The phrase 'even he' (the GP) doesn't know what's wrong with the speaker implies that he (the GP) is expected or ought to know. All this, and the examples (personal expense, responsibility) serve to construct what can be read as quite an extreme case of the medical profession failing in its duty to the patient.

> (William)
> Int: Can you tell me about your first meeting with your GP.
> W2: I came across with the impression that he was one of these disbelievers and he didn't believe I had an illness and he was the one who sent me to a shrink. After that I think he just gave up on me. I'd walk away, obviously, but I think I suppose I set and rotted for a few years, until I got so ill that someone would take notice of me

Categorizing the GP as 'one of these disbelievers' positions the GP as a member of group who have consistently (dogmatically?) rejected the physical conception of ME in favour of a psychiatric account (sent him to a 'shrink', which sounds disparaging). This serves to construct a (potential) conflict between the speaker and the GP, the relationship between them therefore being constructed as one of struggle over the nature of the illness. The phraseology used to describe the aftermath of this initial encounter ('sat and rotted') presents the medical profession as neglectful, and the doctor as contradicting his role as a carer.

> (Paul)
> Int: Can you tell me about your first meeting with your GP?
> P1: When I sort of deteriorated they didn't really take it seriously because they thought it was an illness with a finite limit on it so I think that was a real problem that sort of arose from what the GP had told me in the first place, I think that's based on a lack of knowledge on his part at the time. I think he'd only seen a couple of people with

> ME and they'd both been fairly mild cases, because they didn't really have any knowledge at the time basically I think they thought let it run its course and it would only take a few weeks, there would be a recovery and back to work

The GP's 'lack of knowledge' is attributed to his/her small caseload. In this account, then, blame might be read as being deflected from the GP: it is the situation that led to the failure to diagnose properly and the GP is not presented as personally culpable.

To what extent can the constructions you have identified and analysed above be understood as *discourses*?

Is there a discourse of **science** being drawn upon (and positioning the speakers in various ways)? Is there also a (counter-?)discourse of **humanism**?

(4) What might be the ethical issues involved in a research project like this? Are there other ways in which constructions of ME might be studied which may be less ethically problematic?

Is DA on the constructions of sufferers serving to problematize them (to show them to be social constructions, self-serving etc.)? Is that what we want when they are a vulnerable minority group struggling precisely to define their experience as objective (medical) not subjective (psychological)?
Would any such DA therefore serve the interests of a conservative medical establishment rather than the sufferers' struggle for recognition?
The sufferers are perhaps obliged to use a scientific discourse because that is the discourse of the dominant institution: medicine.
An *analytic* alternative might be to make suggestions as to how these people might argue for their case more effectively – that is, to support them in developing find the most effective (persuasive) rhetoric.
An alternative in terms of *data gathering* might be to analyse (and problematize) the constructions of the powerful 'disbelieving' doctors (as Horton-Salway, 2001, does).

(5) What are some of the methodological issues involved in using interview material for discourse analysis?

While we may be interested in the interaction between ME sufferers and their doctors, we are not looking at that here, but their constructions in an interview situation. The interview itself is of course a social situation which needs to be analysed in its own right (see, e.g., Willig, 2001, p. 92). Is your analysis taking sufficient account of what is going on between interviewer and interviewee? Or is it treating this interaction as somehow neutral or transparent? (See the paper by Potter & Hepburn, 2005, in the Week 4 reading for a fuller discussion of these issues.) For example, if we had the full transcript (and more transcription of the interviewer's comments and questions) we might be able to make some more comments about why the speakers make different kinds of statements on the same topic at different times: what are they trying to do on each occasion?